PTO/SB/17 (07-96) Approved for use through 01/31/2007. OMB 0651-9032

Under the Paperwork Capacitics Act 1295, no person are required to				respond to a collection of information unless it displays a valid OMB control number.					
Effective on 12/08/2004.				Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).						10/721,340-Conf. #8378			
FEE TRANSMITTAL				Filing Date November 26,					
For FY 2005				First Named Inventor Sung Gi HV					
F01 F1 2003				Examiner Name G. W. Estr			ky		
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 3676					
TOTAL AMOUNT OF PAYMENT (\$) 1070.00				Attomey Docket No. 0465-1089F					
METHOD OF PAYMENT (check all that apply)									
x Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
X Charge any additional fee(s) or underpayment of x Credit any overpayments									
fee(s) under 37 CFR 1.16 and 1.17									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
, 02.2		G FEES		RCH FEES	EXAMI	NATION FEES			
Application Time	Fac (\$)	Small Entity	Fac (\$)	Small Entity	E00 (\$)	Small Entity	Foor F	Paid (\$)	
Application Type	<u>Fee (\$)</u> 300	<u>Fee (\$)</u> 150	Fee (\$) 500	<u>Fee (\$)</u> 250	Fee (\$) 200	<u>Fee (\$)</u> 100	<u>rees r</u>	Paid (\$)	
Utility			100	50	130	65			
Design	200	100		150	160	80			
Plant	200	100	300						
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$)									
Fee Description Each claim over 20 (including Reissues)							50	25	
Each independent claim over 3 (including Reissues)							200	100	
Multiple dependent claims							360	180	
,			Fee P	aid (\$)	<u>M</u>	ultiple Depende	dent Claims		
= x =					Fe	<u>ee (\$)</u>	Fee Paid (\$	2)	
HP = highest number of total claims paid for, if greater than 20.									
Indep. Claims Extra Claims Fee (\$) = Fee F			Fee P	aid (\$)					
HP = highest number of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
- 100 = /50 (round up to a whole number) x =									
4. OTHER FEE(S) Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount) Other (o.g., lete filing symborse), 1401 Notice of appeal 500.00									
Other (e.g., late filing surcharge): 1401 Notice of appeal 1253 Extension for response within third month								500.00 570.00*	
SUBMITTED BY Signature	1-500	2 4	<u>-</u>	Registration No. (Attorney/Agent)	39,538	Telephone	(703) 205	5-8000	
47	T. Eller. Jr.	<u>-,,,</u>	L	(Allomey/Agent)		Date S	September		

^{*}An extension of time for two (2) month(s) was previously requested and paid for on August 2, 2006 in the instant application. Thus, a fee of \$570.00 is required to obtain an additional one (1) month extension.